

## Summary of 2<sup>nd</sup> Progress Update on BRCCP Recommendations

Legend: **Yellow** = CCF currently involved; **blue** = complete; **green** = in progress; **red** = in queue

Recommendation	Status
<b>1. Prevention</b>	
1.1 Oversee countywide prevention efforts.	In Progress
1.2 DPH and First 5 LA to jointly develop a comprehensive prevention plan to reduce the overall incidence of child abuse and neglect.	In Progress
1.3 Prioritize access to Early Childhood Education learning programs for all children under the supervision of DCFS between ages 0 to 5.	Complete
1.4 Pair a Public Health Nurse with a DCFS social worker in child abuse or neglect investigations of all children from birth to age two.	In Progress
1.5 DPH's evidence-based home visit service should be made available to all children under age one seen at a Medical Hub.	In Progress
1.6 Conduct assessments of each medical hub to identify each hub's strengths and weaknesses.	Complete
<b>2. Safety</b>	
2.1 E-SCARS should be utilized fully by all relevant agencies and receive the necessary support to be well-maintained and enhanced.	In Progress
2.2 Training of all levels of law enforcement must be enhanced to include: sufficient initial and recurrent training on child abuse and E-SCARS.	In Progress
2.3 DCFS should create an adaptive training process for social workers and their supervisors that consists of a continuous learning environment akin to a teaching hospital. It should also conduct a job audit of social workers to determine what can be done differently or by others to address social worker workload.	In Progress
2.4 Review research findings from Emily Putnam Hornstein, Ph.D and others on risk factors for children at risk of a child fatality due to abuse and neglect as well as data from the Interagency Council on Child Abuse and Neglect.	Complete
2.5 Using both case reviews and research findings, identify specific characteristics that distinguish children who have positive outcomes versus those who are subsequently severely injured or killed. Specifically identify key risk factors that are present in cases resulting in child fatalities.	In Progress
2.6 Conduct a review of all child fatalities due to abuse and neglect within the past three years of children served in the Department of Health Services medical hub, DCFS, Probation, DPSS, by a DPH public health nurse or home visiting program or by a First 5 LA home visiting program.	In Queue
2.7 Conduct a thorough review of all open cases in the above departments.	In Queue
2.8 Continually measure progress against measures of success identified (in Section III, p. 14).	In Progress
2.9 Modify access to and delivery of key services including; health, mental health; domestic violence; substance abuse treatment; housing for adults; home visiting and prevention supports for children, youth and families. These services will need to be prioritized for those at highest risk of later fatalities.	In Progress
2.10 Equipped with specific case information and research findings that identify children at greater risk, proactively engage staff in the above serving departments to address risk factors immediately, thereby mitigating the likelihood of a child fatality.	In Progress
2.11 Utilize a technological solution such as E-SCARS that crosses departments to ensure that information is shared and staff alerted when potentially fatal risk factors are present.	In Progress

Recommendation	Status
<b>2.12</b> All Sheriff's deputies and local law enforcement agencies within the County of Los Angeles must cross-report every child abuse allegation to DCFS, as required by State law. In addition, it should be documented that a cross-report was made, for example, in a police report or law enforcement log.	In Progress
<b>2.13</b> The District Attorney's Office should increase its oversight of the law enforcement response and sharing of information, including cross-reporting between DCFS and law enforcement agencies, to ensure that each agency carries out its mandated investigative response.	In Progress
<b>2.14</b> The County should develop an early warning system within E-SCARS to alert DCFS and law enforcement of high-risk allegations of abuse as early as possible. A convergence of high risk factors would alert supervisors of high-risk situations and allow them to take appropriate action.	In Progress
<b>2.15</b> The Board should continue its active oversight of DCFS' strategic plan by adding a requirement for regular reporting of specific safety related outcomes, including recurrence of maltreatment within six months of a previous incident, maltreatment rates in out-of-home placement, and reentry into care within six months of a permanent placement.	In Progress
<b>2.16</b> The County can measurably and immediately improve child safety by requiring all departments to target resources and high quality services, including prevention services, toward children under the age of five.	In Progress
<b>3. Permanency</b>	
<b>3.1</b> A child's funding should be determined by the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should examine the County's ability to waive federal eligibility rules and its accompanying funding flexibility to strengthen support for children in out of home care.	Complete
<b>3.2</b> The County, through the Auditor-Controller and the CEO, should review the current mix of county licensing and supports for foster homes and approval and supports for kin, to assess the inconsistent performance and resource allocation, and to determine whether a more uniform streamlined system would be more effective. The Commission believes consideration of contracting out this process is warranted.	In Progress
<b>3.3</b> DCFS should develop a computerized, real-time system to identify available and appropriate placements based on the specific needs of the child.	In Progress
<b>3.4</b> The County and DCFS should utilize its Title IV-E waiver dollars to ensure parity of funding for children placed with kin to that of children placed in foster family settings.	Complete
<b>3.5</b> A child's services should be based on the needs of the child, not placement with a relative or a foster family. The CEO and DCFS should ensure that relative caregivers are more fully supported.	In Progress
<b>3.6</b> The Board should call for an independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. The analysis should use sound data to address a range of questions, including whether there are safe and appropriate homes in each SPA to meet the needs of foster youth.	In Progress
<b>3.7</b> DCFS should involve foster youth in the rating and assessment of foster homes.	Complete
<b>3.8</b> The Board should require regular reporting on the frequency of missed monthly social worker visits, the wait times for children in offices or at the Command Post needing placement, the length of time for kin caregivers to be approved, and the number of foster homes recruited.	In Progress
<b>3.9</b> The Board should establish specific benchmarks for improvement in the measures identified (in 2.15 and 3.8) and, as warranted. This should be done in collaboration with the CEO and DCFS.	In Queue

<b>4. Well-Being</b>	
<b>4.1</b> The Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible. The Board should work with the Juvenile Court to fully implement and measure compliance with this mandate.	In Progress
<b>4.2</b> The County should establish mechanisms for cross-system education-related coordination, collaboration, and communication.	In Progress
<b>4.3</b> The County should ensure that school stability and child safety are improved through Countywide expansion of the pilot program that has been proven effective in the Gloria Molina Foster Youth Education Program.	In Progress
<b>4.4</b> All children entering placement and children under age one whose cases are investigated by DCFS should be screened at a Medical Hub.	In Progress
<b>4.5</b> Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.	In Progress
<b>4.6</b> DPH must be held directly responsible for substance abuse treatment for high-risk teen mothers.	In Progress
<b>4.7</b> As part of performance-based contracting, mental health treatments for teens and transitioning youth must incorporate trauma-focused assessments and treatments, developmental status, ethnicity, sexual identify, and vulnerability to self-harming behaviors.	In Progress
<b>4.8</b> Children age five and under in the child welfare system must have access to age appropriate mental health services.	In Progress
<b>5. Global Impact</b>	
<b>5.1</b> Oversee a Joint Strategic Planning Process to create a comprehensive, child-centered strategic plan that is data driven, informed by best practices, and connects all child welfare services in the County, and articulates measurable goals and time frames.	In Progress
<b>5.2</b> Establish a Los Angeles County Office of Child Protection (OCP), with Countywide authority to coordinate, plan, and implement one unified child protection system.	Complete
<b>5.3</b> Oversee implementation of the Commission's recommendations upon adoption by the Board.	In Progress
<b>5.4</b> In collaboration with the Board, identify the services currently provided by the Departments of Health Services, Children and Family Services, Public Health, Probation, Mental Health, Public Social Services, First 5 LA, the Los Angeles Office of Education, the Domestic Violence Council, and the Housing Authority of the County of Los Angeles deemed as crucial to ensuring child safety. The accompanying budget and staff resources also should be identified.	Complete
<b>5.5</b> Departments and agencies closely involved in the identification, prevention, protection, and treatment of at-risk children should be mandated to participate in cross-training with DCFS employees. At a minimum, this interdisciplinary approach should include law enforcement, DMH, DHS, DPH, the Dependency Court, and Probation. Entities that could help create appropriate cross-training models include: UCCF, DA, and ICAN.	In Progress
<b>5.6</b> DCFS, DMH, and DHS should train personnel, both in-house and in contract agencies, on how to most effectively work with the age 0-5 population, their families, and caretakers.	In Progress
<b>5.7</b> Greater disclosure, clarity, and inclusion should be a routine component of community engagement from planning to review of outcomes and allocation of resources.	In Progress
<b>5.8</b> A first step is the re-establishment of community advisory councils that are attached directly to each DCFS Regional Office. These advisory councils would be co-chaired by the community and its respective Regional Office. In the past, SPA 6 effectively used this model in all three of its offices.	In Progress
<b>5.9</b> The Board should adopt clear outcome measures which should include those set forth above. (p. 14 of BRCCP report)	In Progress

<b>5.10</b> The OCP should regularly assess the County's progress and report its findings directly to the Board. The findings should be reviewed regularly at Board meetings.	In Progress
<b>5.11</b> Establish and evaluate measurable outcomes as part of the annual planning and budget allocation process to facilitate constant improvement, generalize successful and discontinue unsatisfactory practices.	In Queue
<b>5.12</b> The UCCF should submit an annual report on outcomes that are aligned with the County's vision.	Complete
<b>5.13</b> The Oversight Team must develop a dashboard to provide monthly report to the Board.	Complete
<b>5.14</b> Capacity-building experts, including universities, should work with community-based organizations to enhance skills in grant application and administration, evidence-based practice, program design, and evaluation.	Complete
<b>5.15</b> Performance-based contracting on agreed-upon outcome measures by DCFS, other appropriate departments and the contracting agencies for children and families should be adopted, rewarding contracting agencies that achieve better results for the children they serve.	In Progress
<b>5.16</b> The County needs to develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system. (Include: DCFS, DPSS, DMH, DPH, Probation, LACOE, and school districts at minimum. Also, partner with universities).	In Progress
<b>5.17</b> The CEO and Juvenile Court should co-lead the creation of a Countywide confidentiality policy regarding a child's records and court proceedings to allow sharing of information across relevant departments, agencies, persons, and the Court to serve the needs of the child and increase the transparency of the system.	Complete
<b>6. County Administration</b>	
<b>6.1</b> A comprehensive service delivery system, including prevention programs that stop child maltreatments before it starts.	In Progress
<b>6.2</b> All relevant County entities to work together and with the Community.	In Progress
<b>6.3</b> Joint strategic planning and blended funding streams.	In Queue
<b>6.4</b> Data-driven programs and evaluations.	In Queue
<b>6.5</b> Have clear oversight and authority over financial and staffing resources from all relevant departments, as delegated by the Board.	
<b>6.6</b> Institute an annual Countywide budget review process that examines all proposed, present, and past resource allocations and align them with the goals of the Countywide strategic plan, as well as coordinate relevant funding streams from various departments.	In Queue
<b>6.7</b> Serve as the repository of and review all recommendations related to the protection of children. Oversee implementation of appropriate recommendations.	In Queue
<b>6.8</b> Review existing County commissions and, with the Board, streamline them, as appropriate.	In Queue
<b>6.9</b> ICAN should be removed from within DCFS and exist as an independent entity.	In Queue
<b>6.10</b> An annual overview of the state of the field of child welfare, presented to the Board by external experts.	In Queue